

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/596530

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED

AFTER  
1<sup>ST</sup> AMENDMENT

AFTER  
2<sup>ND</sup> AMENDMENT

IND. DEP.

IND. DEP.

IND. DEP.

1

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TOTAL  
IND.

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TOTAL  
DEP.

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TOTAL  
CLAIMS

32

1

AS FILED

AFTER  
1<sup>ST</sup> AMENDMENT

AFTER  
2<sup>ND</sup> AMENDMENT

IND. DEP.

IND. DEP.

IND. DEP.

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